



**CITY OF HOUSTON**  
FINANCE DEPARTMENT  
Strategic Procurement Division

**Annise D. Parker**

Mayor

Lourdes Coss  
Chief Procurement Officer  
P.O. Box 1562  
Houston, Texas 77251-1562

F. 832.393.8755  
<https://purchasing.houstontx.gov>

July 8, 2014

**SUBJECT:** Letter of Clarification No. 1 Area Agencies on Aging Food Service Provider

**REFERENCE:** RFP Invitation No. S55-T25052

**TO:** All Prospective Respondents:

This Letter of Clarification is issued for the following reasons:

• **To revise the above referenced solicitation as follows:**

1. **Page 1, Solicitation Due Date has been changed to read as follows:**

**Solicitation Due Date/Time: July 24, 2014.**

2. **Page 2 Provision 4.1 Additional Information Specification Changes has been changed to read as follows:**

Requests for additional information and questions should be addressed to the Finance Department, Strategic Purchasing Division Buyer, Joseph Badell, telephone: 832.393.0209, fax: 832.393.8759, or e-mail (preferred method to): [Joseph.Badell@houstontx.gov](mailto:Joseph.Badell@houstontx.gov), no later than ~~THURSDAY, JULY 10, 2014 at 5:00 p.m. CST.~~ **THURSDAY JULY 17, 2014 at 5:00 pm CST** The City of Houston shall provide written response to all questions received in writing before the submittal deadline. Questions received from all Proposer(s) shall be answered and sent to all Proposer(s) who are listed as having obtained the RFP. Proposer(s) shall be notified in writing of any changes in the specifications contained in this RFP.

3. **Page 13 Provision 2.1, has been changed to read as follows:**

~~The requirements and terms of the City of Houston Pay or Play Program, as set out in Executive Order 1-7, are incorporated into this Agreement for all purposes. Contractor has reviewed Executive Order No. 1-7 and shall comply with its Terms and Conditions as they are set out at the time of City Council approval of this Agreement. This provision requires certain Contractors to offer to certain employees a minimal level of health benefits or to contribute a designated amount to be used to offset the costs of providing health care to uninsured people in the Houston/Harris County area. Failure to complete Exhibit X "Pay or Play" Acknowledgement Form & Certification of Agreement to Comply with Pay or Play Program may be just cause for rejection of your Proposal. As stipulated on the Pre-Proposal Conference of July 2, 2014, there will be no Pay or Play requirements for this solicitation~~

**Council Members:** Brenda Stardig Jerry Davis Ellen R. Cohen Dwight A. Boykins Dave Martin Richard Nguyen Oliver Pennington Edward Gonzalez  
Robert Gallegos Mike Laster Larry V. Green Stephen C. Costello David W. Robinson Michael Kubosh C.O. "Brad" Bradford Jack Christie  
**Controller:** Ronald C. Green

LETTER OF CLARIFICATION No.1  
AREA AGENCIES ON AGING –FOOD SERVICE PROVIDER  
SOLICITATION No.S55-T25052

**4. Page s 60-62 Exhibit IV Sample of Certificate of Insurance for contract award (50K or more)  
has been changed to read as follows:**

A new format for the certificate of insurance will be attached to this letter of clarification for utilization with this solicitation. The sample of certificate of insurance illustrated on Exhibit IV pages 60-62 is no longer required.

**5. Pages 90-92 Exhibits X and Exhibits X-Form 2 , has been changed to read as follows:**

All forms pertaining to Pay or Play requirement will not be required for submission for this solicitation.

When issued, Letter(s) of Clarification shall automatically become a part of the proposal documents and shall supersede any previous specification(s) and/or provision(s) in conflict with the Letter(s) of Clarification. All revisions, responses, and answers incorporated into the Letter(s) of Clarification are collaboratively from both the Strategic Purchasing Division and the applicable City Department(s). It is the responsibility of the proposers to ensure that it has obtained all such letter(s). By submitting a proposal on this project, proposers shall be deemed to have received all Letter(s) of Clarification and to have incorporated them into this proposal.

If you have any questions or if further clarification is needed regarding this Request for Proposal, please contact me.

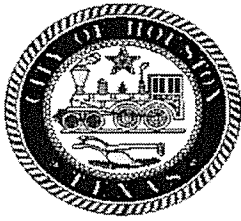
*Joseph Badell*

Joseph Badell  
Senior Procurement Specialist  
Strategic Purchasing Division  
832-393-0209

**END OF LETTER OF CLARIFICATION 1**

*Partnering to better serve Houston*

**Council Members:** Helena Brown Jerry Davis Ellen Cohen Wanda Adams Mike Sullivan Al Hoang Oliver Pennington Edward Gonzalez  
James G. Rodriguez Mike Laster Larry Green Stephen C. Costello Andrew Burks Melissa Noriega C.O. "Brad" Bradford  
Jack Christie **Controller:** Ronald C. Green



# CITY OF HOUSTON, TEXAS

NOTICE OF REQUEST FOR PROPOSAL (RFP)  
SOLICITATION NO.: S55-T25052

"PARTNERING TO BETTER  
SERVE HOUSTON"

NIGP CODE:

952-30

SOLICITATION DUE  
DATE/TIME:

~~July 17, 2014 at 10:30 A.M., CST,~~  
July 24, 2104 at 10:30 A.M., CST,

SUBMITTAL LOCATION:

City Secretary's Office  
City Hall Annex, Public Level  
900 Bagby Street  
Houston, Texas 77002

DESCRIPTION:

AREA AGENCIES ON AGING FOOD SERVICE PROVIDER  
PROPOSAL

PRE-PROPOSAL  
CONFERENCE:

*Date*

*Time*

*Location*

Wednesday,  
July 2, 2014

TIME 1:00  
p.m. – 3 p.m.

Houston-Galveston Area  
Council  
3555 Timmons Lane,  
Conference Room B  
Houston, Texas 77027

The pre-proposal conference is the only time during which questions may be asked concerning the RFP process, Provider requirements, and/or receive needed clarification(s).

In accordance with T.L.G.C. § Chapter 252, competitive sealed Proposals for the services specified will be received by the City Secretary's Office of the City of Houston at the above specified location, until the time and date cited. Offers must be in the actual possession of the City Secretary's Office on or prior to the time and date, and at the location indicated above. Late offers will not be considered.

Offers must be submitted in a sealed envelope or package with the Solicitation Number and the Proposer's name and address clearly indicated on the envelope or package. All offers must be completed in ink or typewritten. Additional instructions for preparing an offer are included in this Solicitation.

**PROPOSERS ARE STRONGLY ENCOURAGED TO CAREFULLY READ THE ENTIRE SOLICITATION**

Solicitation Contact Person:

Joseph Badell

Name

Joseph.Badell@houstontx.gov

E-Mail Address

City Purchasing Agent

June 6, 2014

Date

MODIFIED JULY 8, 2014

<p style="text-align: center;"><b>SPECIAL INSTRUCTIONS TO PROPOSER(S)</b> <b>SOLICITATION NO.: S55-T25052</b></p>
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**1.0 SUBMITTAL PROCEDURE:**

- 1.1 Seven (7) copies of the Proposal, including two (2) printed original signed in BLUE ink, and additional two (2) electronic CD copies are to be submitted in a sealed envelope bearing the assigned Solicitation Number, located on the first page of the RFP document and labeled as **Area Agencies on Aging Food Service Provider Proposal** to:

City Secretary's Office  
City Hall Annex  
900 Bagby  
Houston, Texas 77002

- 1.2 The deadline for the submittal of the Proposal to the City Secretary's Office is no later than the date and time as indicated on the first page of the RFP document. Failure to submit the required number of copies as stated above may be subject for disqualification from the Proposal process.
- 1.3 Respondents may elect to either mail or personally deliver their Proposals to the City Secretary's Office. **Please label your proposals with your company name, address and proposal number.**
- 1.4 The City of Houston shall bear no responsibility for submitting responses on behalf of any Proposer. Proposer(s) may submit their Proposal to the City Secretary's Office any time prior to the stated deadline.

**2.0 PROPOSAL FORMAT:**

- 2.1 The Proposal should be electronically generated, and the printed original signed in ink. They should not be submitted in elaborate or expensive binders. Legibility, clarity, and completeness are important and essential.
- 2.2 The Proposal must be signed by an individual(s) legally authorized to bind the Proposer(s), and must contain a statement that the Proposal and the prices contained therein shall remain firm for a period of one hundred-eighty (180) days.

**3.0 PRE-PROPOSAL CONFERENCE:**

- 3.1 A Pre-Proposal Conference will be held at the date, time, and location as indicated on the first page of the RFP document. Interested Proposer(s) should plan to attend. It will be assumed that potential Proposer(s) attending this meeting have reviewed the RFP in detail, and are prepared to bring up any substantive questions not already addressed by the City.

**4.0 ADDITIONAL INFORMATION AND SPECIFICATION CHANGES:**

- 4.1 Requests for additional information and questions should be addressed to the Finance Department, Strategic Purchasing Division Buyer, Joseph Badell, telephone: 832.393.0209, fax: 832.393.8759, or e-mail (preferred method to): Joseph.Badell@houstontx.gov, no later than ~~THURSDAY, JULY 10, 2014 at 5:00 p.m. CST.~~ **THURSDAY, JULY 17, 2014 at 5:00 p.m. CST** The City of Houston shall provide written response to all questions received in writing before the submittal deadline. Questions received from all Proposer(s) shall be answered and sent to all Proposer(s) who are listed as having obtained the RFP. Proposer(s) shall be notified in writing of any changes in the specifications contained in this RFP.

**5.0 LETTER(S) OF CLARIFICATION:**

- 5.1 All Letters of Clarification and interpretations to this Solicitation shall be in writing. Any Letter of Clarification(s) or interpretation that is not in writing shall not legally bind the City of Houston. Only information supplied by the City of Houston in writing or in this RFP should be used in preparing Proposal responses.
- 5.2 The City does not assume responsibility for the receipt of any Letters of Clarification sent to Proposer(s).

# **SPECIAL TERMS AND CONDITIONS**

## **SOLICITATION NO.:S55-T25052**

### **1.0 LOCAL MINORITY/WOMEN BUSINESS ENTERPRISE PARTICIPATION:**

- 1.1 Contractor shall comply with the City's Minority and Women Business Enterprise ("M/WBE") programs as set out in Chapter 15, Article V of the City of Houston Code of Ordinances. Contractor shall make good faith efforts to award subcontracts or Supply Agreements in at least **24%** of the value of this Agreement to M/WBEs. Contractor acknowledges that it has reviewed the requirements for good faith efforts on file with the City's Office of Business Opportunity ("OBO"), and will comply with them.
- 1.2 M/WBE subcontracts must contain the Terms set out in **Exhibit II**.

### **2.0 CITY CONTRACTORS' PAY OR PLAY PROGRAM:**

- 2.1 ~~The requirements and terms of the City of Houston Pay or Play Program, as set out in Executive Order 1-7, are incorporated into this Agreement for all purposes. Contractor has reviewed Executive Order No. 1-7 and shall comply with its Terms and Conditions as they are set out at the time of City Council approval of this Agreement. This provision requires certain Contractors to offer to certain employees a minimal level of health benefits or to contribute a designated amount to be used to offset the costs of providing health care to uninsured people in the Houston/Harris County area. Failure to complete Exhibit X "Pay or Play" Acknowledgement Form & Certification of Agreement to Comply with Pay or Play Program may be just cause for rejection of your Proposal.~~

### **3.0 CITY CONTRACTOR OWNERSHIP DISCLOSURE ORDINANCE:**

- 3.1 City Council requires knowledge of the identities of the owners of entities seeking to contract with the City in order to review their indebtedness to the City prior to entering into contracts. Therefore, all respondents to this RFP must comply with Houston Code of Ordinances Chapter 15, as amended (Sections 15-122 through 15-126) relating to the disclosure of owners of entities bidding on, proposing for or receiving City contracts.
- 3.2 Completion of **Exhibit VI** – "Affidavit of Ownership or Control" will satisfy this requirement. Failure to provide this information may be just cause for rejection of your Bid or Proposal.

### **4.0 CITY OF HOUSTON FAIR CAMPAIGN ORDINANCE:**

- 4.1 The City of Houston Fair Campaign Ordinance makes it unlawful for a Contractor to offer any contribution to a candidate for City elective office. For purposes of this ordinance a contract is defined as any contract for goods or services having a value in excess of \$30,000 or more, regardless of the way by which it was solicited or awarded. **Exhibit V** of this RFP describes the contract and documentation requirements relating to this Ordinance.

### **5.0 DRUG DETECTION AND DETERRENCE PROCEDURES FOR CONTRACTORS:**

- 5.1 It is the policy of the City to achieve a drug-free workforce and to provide a workplace that is free from the use of illegal drugs and alcohol. It is also the policy of the City that the manufacture, distribution, dispensation, possession, sale or use of illegal drugs or alcohol by Contractors while on City premises is prohibited. Accordingly, effective September 1, 1994, and pursuant to the Mayor's Executive Order 1-31, as a condition to the award of any contract for labor or services, a successful Proposer(s) must certify to its compliance with this policy. **EXHIBIT VII** contains the standard language, which will be used in each contract for labor or services, as well as the Executive Order 1-31 disclosure and compliance forms (Attachments A, B, and C). These forms must be completed and returned prior to award.

**EXHIBIT IV – SAMPLE INSURANCE CERTIFICATE FOR CONTRACT AWARD  
(\$50K OR MORE)  
SOLICITATION NO.:S55-T25052**

**ACORD. CERTIFICATE OF INSURANCE** Issue Date (MM/DD/YY)

PRODUCER

ISSUERS OF POLICIES. THE ISSUER SHALL HAVE A RATING OF AT LEAST B+ AND FINANCIAL SIZE OF CLASS VI OR BETTER ACCORDING TO THE CURRENT YEAR'S BEST RATING.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**COMPANIES AFFORDING COVERAGE**

COMPANY A

COMPANY B

COMPANY C

COMPANY D

COMPANY E

INSURED

**SAMPLE FORM**

**COVERAGE'S**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN. THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO	POLICY	EFFECTIVE DATE	POLICY	POLICY
LTR.	TYPE OF INSURANCE	NUMBER	EXPIRATION	LIMITS
		(MM/DD/YY)	(MM/DD/YY)	
<b>General Liability</b>				
A.	(X) Commercial General Liability		General Aggregate	\$1,000,000
	Claims Made (X) Occur		Products Comp/Op Agg.	\$1,000,000
	Owners & Contractors Prot.		Personal & Adv. Injury	\$1,000,000
			Each Occurrence	\$ 500,000
			Fire Damage (Any one fire)	\$ 50,000
			Med. Expense	\$ 5,000
			(Any one person)	
<b>Automobile Liability</b>				
A.	(X) Any Auto	Auto Liability Insurance for autos furnished or used in the course of performance of this Contract. Including Owned, Non-owned, and	Combined Single Limit	\$1,000,000
	(X) All Owned Autos	Hired Auto coverage. (Any Auto coverage may be substituted for Owned, Non-owned and Hired Auto Coverage.) If no autos are owned by Contractor, coverage may be limited to Non-owned and Hired Autos. If Owned Auto coverage cannot be purchased by Contractor, Scheduled Auto coverage may be substituted for Owned Auto coverage.	Bodily Injury (Per person)	\$
	( ) Scheduled Autos		Bodily Injury (Per Accident)	\$
	( ) Hired Autos		Property Damage	\$
	( ) Non-Owned Autos			
	Garage Liability			
		EACH AUTO USED IN PERFORMANCE OF THIS CONTRACT SHALL BE COVERED IN THE LIMITS SPECIFIED.		
<b>Excess Liability</b>				
			Each Occurrence	\$
			Aggregate	\$
<b>Worker's Compensation and Employee Liability</b>				
	(X) Statutory Limits		Each Accident	\$ 100,000
	Statutory Limits		Disease Policy Limit	\$ 100,000
			Disease Each Employee	\$ 100,000
<b>Other</b>				

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLES/SPECIAL ITEMS

City of Houston is named as additional insured on Auto and General Liability policies, and Waiver of Subrogation on Auto, General Liability, and Worker's Compensation.  
For (Project Name)

CERTIFICATE HOLDER

SHALL BE MODIFIED AS FOLLOWS: CANCELLATION

**EXHIBIT IV – SAMPLE INSURANCE CERTIFICATE FOR CONTRACT AWARD  
(\$50K OR MORE)**

**SOLICITATION NO.:S55-T25052**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE  
CANCELLED NON RENEWED BEFORE THE EXPIRATION DATE  
THERE OF THE ISSUING COMPANY WILL MAIL THIRTY (30) DAYS  
WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE  
LEFT CITY OF HOUSTON / FINANCE AND ADMINISTRATION

DEPARTMENT STRATEGIC PURCHASING DIVISION

P.O. BOX 1562

HOUSTON, TEXAS 77254

AUTHORIZED REPRESENTATIVE

# EXHIBIT X – PAY OR PLAY PROGRAM REQUIREMENTS

## SOLICITATION NO.:S55-T25052

### ~~I. Pay or Play Program Elements~~

#### ~~A. Purpose~~

~~Authorized by Ordinance 2007-534 and Executive Order 1-7, the purpose of the Pay or Play Program is (1) to create a more level playing field among competing contractors so that those who provide health benefits to their employees are not disadvantaged in the bidding process; and 2) to recognize and account for the fact that there are costs associated with the health care of the uninsured.~~

#### ~~B. Program Elements~~

- ~~1. Covered Contracts: Contracts covered by the program are those that are advertised after July 1, 2007, which are valued at or above \$100,000 and are not primarily for the procurement of property, goods, supplies or equipment.~~
- ~~2. Covered employees: This program applies to employees of a covered Contractor or Subcontractor, including Contract labor, who are over age 18, work at least 30 hours per week and work any amount of time under a covered city Contract or Subcontract.~~
- ~~3. Compliance with the program means that the Contractor either:
  - ~~• “Pays” by contributing \$1.00 per covered employee per hour for work performed under the Contract with the City; or~~
  - ~~• “Plays” by offering health benefits to covered employees. Health benefits must meet or exceed the following standards:
    - ~~— The employer will contribute no less than \$150 per covered employee per month toward the total premium cost.~~
    - ~~— The employee contribution, if any amount, will be no greater than 50% of the total monthly premium cost.~~~~~~
- ~~4. Subcontracts: The Prime Contractor is responsible for compliance on behalf of covered employees, including Contract labor, of subcontractors with subcontracts valued at or greater than \$200,000, if the Subcontract is not primarily for the procurement of property, goods, supplies or equipment. Subcontractor compliance includes submission of applicable reports and/or payments to the Prime, as well as maintenance of records.~~
- ~~5. Exemptions/Waivers: The City of Houston will award a Contract to a Contractor that neither Pays nor Plays only if the Contractor has received an approved waiver.~~
- ~~6. Administration: Contractor performance in meeting Pay or Play program requirements will be managed by the contracting department. The Office of Affirmative Action and Contract Compliance will have administrative oversight of the program, including audit responsibilities. Questions about the program should be referred to the department POP Liaison or the Office of Affirmative Action and Contract Compliance.~~



# EXHIBIT X – PAY OR PLAY PROGRAM REQUIREMENTS

## SOLICITATION NO.:S55-T25052

### II. Documentation and Reporting Requirements

~~A. Document that must be signed and returned to administering department with the Bid/Proposal:~~

- ~~1. Notice to Prospective City Contractors (Form POP-1A) acknowledges Bidder/Proposers' knowledge of the program and its requirements, and the intention to comply.~~

~~B. Documents that must be signed and returned to administering department within a period designated by the department's Contract Administrator, upon notification of low Bidder or successful Proposer status:~~

- ~~1. Certification of Contractor's Intent to Comply with Pay or Play Program (Form POP-2).  
Note Contractors that opt to "play" must provide proof of coverage, including documentation from insurance provider, and names of covered employees.~~

~~2. List of Participating Subcontractors (Form POP-3).~~

~~C. The Contractor will comply with the following reporting requirements:~~

- ~~1. Contractors that opt to Play  
Provide periodic reports to the Contract administrator showing proof of coverage.  
Reporting schedule will be determined by administering department based on length of Contract. (Form POP-7.)~~

- ~~2. Contractors that opt to Pay  
Provide monthly reports to administering department, detailing names of employees, hours worked, exemptions (if any) and amount owed. (Form POP-5.)~~

~~Contractors shall submit an initial report with the second invoice to the department. Payments based on monthly reports are due to the contracting department with submission of the following month's invoice. Payments may be made via wire transfer, provided that proof of transaction is submitted to administering department.~~

### III. Compliance and Enforcement

~~The Office of Business Opportunity (OBO) and Contract Compliance Office will audit program compliance. Contractors willfully violating or misrepresenting POP program compliance will be subject to corrective and/or punitive action, including but not limited to the assessment of fines and penalties and/or debarment.~~

~~The Pay or Play Program Requirements Form (POP-1) and all other POP Forms are available for downloading from the City of Houston's Website at <http://www.houstontx.gov/aacc/popforms.html>~~

**EXHIBIT X – FORM “2”**  
**PAY OR PLAY PROGRAM CERTIFICATE OF AGREEMENT**  
**SOLICITATION NO.:S55-T25052**



~~**What this form does.** This form acknowledges your awareness of the Pay or Play program. Your signature affirms that you will comply with the requirements of the program if you are the successful Bidder/Proposer, and ensure the same on behalf of subcontracts subject to the Pay or Play Program.~~

~~If you cannot make this assurance now, do not return this form.~~

~~**For more information, contact the Contract Administrator.**~~

~~**Routing.** Return this form with your Bid or Proposal.~~

~~I declare under penalty of perjury under the laws of the State of Texas that if awarded a contract, I will comply with the requirements of the Pay or Play Program.~~

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
City Vendor ID

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-Mail Address



NEW  
CITY OF HOUSTON CERTIFICATE  
OF  
INSURANCE FORMAT



## CERTIFICATE OF INSURANCE FOR SERVICES

This certificate of insurance is provided for informational purposes only. This certificate does not confer any rights or obligations other than the rights and obligations conveyed by the policies referenced on this certificate. The terms of the referenced policies control over the terms of this certificate.

Prior to the beginning of work, the vendor shall obtain the minimum insurance and endorsements specified. Agents must complete the form providing all requested information and submit by fax, U.S. mail, or e-mail as requested by The City of Houston. The endorsements listed below are required as attachments to this certificate; copies of the endorsements are also acceptable. PLEASE ATTACH ALL ENDORSEMENTS TO THIS FORM, AND INCLUDE THE MATCHING POLICY NUMBER ON THE ENDORSEMENT. **Only City of Houston certificates of insurance are acceptable; commercial carriers' certificates are not.**

**Producer:** [Insert name of Insurance Company]

Street/Mailing Address: [Insert address of insurance company]

City: [Insert city] State: [Insert State] Zip Code: [Zip Code] Phone#: [Office Phone Number]

**Insured:** [Insert name of the Contractor]

Street/Mailing Address: [Insert mailing address of Contractor]

City: [Insert city] State: [Insert State] Zip Code: [Zip Code] Phone#: [Office Phone Number]

### WORKERS COMPENSATION INSURANCE COVERAGE:

Endorsed with a Waiver of Subrogation in favor of *The City of Houston*

**Waiver of Subrogation Endorsement Number:** [Enter Waiver of Subrogation Endorsement Number]

Carrier Name: [Insert insurance company name]			Carrier Phone Number: [Office Phone Number]	
NAIC#: [Insert NAICS code]				
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State]	Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Workers Compensation Insurance	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	<input type="checkbox"/> W.C. Statutory Limits E.L. Each Accident \$[Enter policy amount]  E.L. Disease – Each Employee \$[Enter policy amount]
Employers' Liability	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	E.L. Disease – Policy Limit \$[Enter policy amount]

### COMMERCIAL GENERAL LIABILITY INSURANCE:

Endorsed with *The City of Houston* as Additional Insured and with a Waiver of Subrogation in favor of *The City of Houston*.

**Additional Insured Endorsement #:** [Enter Endorsement Number] **Waiver of Subrogation Endorsement #:** [Enter Endorsement No.]

Carrier Name: [Insert insurance company name]			Carrier Phone Number: [Office Phone Number]	
NAIC#: [Insert NAICS code]				
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State]	Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Commercial General Liability Insurance (choose one)	[Enter Policy Number]	[Enter Effective Date]	[Enter Expiration Date]	Each Occurrence: \$[Enter policy amount]  Products/Completed Operations Aggregate \$[Enter policy amount]  General Aggregate \$[Enter policy amount]
____ Claims Made				
____ Occurrence				

# **AUTOMOBILE LIABILITY INSURANCE:**

Endorsed with *The City of Houston* as Additional Insured and with a Waiver of Subrogation in favor of *The City of Houston*.

**Additional Insured Endorsement Number:** [Enter Endorsement Number] **Waiver of Subrogation Endorsement Number:** [Enter Waiver of Subrogation Endorsement Number]

Carrier Name: [Insert insurance company name] NAIC#: [Insert NAICS code]		Carrier Phone Number: [Office Phone Number]		
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State]	Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
<input type="checkbox"/> Any auto	<u>[Enter Policy Number]</u>	<u>[Enter Effective Date]</u>	<u>[Enter Expiration Date]</u>	Combined Single Limit \$ <u>[Enter policy amount]</u>
<input type="checkbox"/> All Owned autos				Bodily Injury (per person) \$ <u>[Enter policy amount]</u>
<input type="checkbox"/> Hired Autos				Bodily Injury (per accident) \$ <u>[Enter policy amount]</u>
<input type="checkbox"/> Scheduled Autos				Property Damage (per accident) \$ <u>[Enter policy amount]</u>
<input type="checkbox"/> Non-owned Autos				

# **OTHER INSURANCE COVERAGE:** (i.e. Excess Insurance, MCS-90, OCP or other needed insurance; use 3d page for needed information)

Carrier Name: [Insert insurance company name] NAIC#: [Insert NAICS code]		Carrier Phone Number: [Office Phone Number]		
Address: [Insert address of insurance company]		City: [Insert city]	State: [Insert State]	Zip: [Zip Code]
Type of Insurance	Policy Number	Effective Date	Expiration Date	Limits of Liability
Excess Liability	<u>[Enter Policy Number]</u>	<u>[Enter Effective Date]</u>	<u>[Enter Expiration Date]</u>	\$ <u>[Enter policy amount]</u>
Pollution	<u>[Enter Policy Number]</u>	<u>[Enter Effective Date]</u>	<u>[Enter Expiration Date]</u>	\$ <u>[Enter policy amount]</u>
Builder's Risk	<u>[Enter Policy Number]</u>	<u>[Enter Effective Date]</u>	<u>[Enter Expiration Date]</u>	\$ <u>[Enter policy amount]</u>
Other <u>[Enter Other Insurance]</u>	<u>[Enter Policy Number]</u>	<u>[Enter Effective Date]</u>	<u>[Enter Expiration Date]</u>	\$ <u>[Enter policy amount]</u>
Other <u>[Enter Other Insurance]</u>	<u>[Enter Policy Number]</u>	<u>[Enter Effective Date]</u>	<u>[Enter Expiration Date]</u>	\$ <u>[Enter policy amount]</u>

# **CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE CONTRACT PROVISIONS.

# **PROJECT DESCRIPTION** (Insert Project Manager Name, City Department and Mailing Address, and WBS Number)

<u>[Insert Project Manager Name, City Department and Mailing Address, WBS Number, and Project Description]</u>

# **AGENT CERTIFICATION**

THIS IS TO CERTIFY TO THE CITY OF HOUSTON that the insurance policies above are in full force and effect.

Name of Insurance Company: [Insert name of Insurance Company]	Name of Authorized Agent: [Insert name of Insurance Agent]
Company Address: [Insert address of insurance company]	Agent's Address: [Insert address of insurance agent]
City: [Insert city] State: [Insert State] Zip: [Zip Code]	City: [Insert city] State: [Insert State] Zip: [Zip Code]
Authorized Agent's Phone Number (including Area Code) [Office Phone Number]	Original Signature of Authorized Agent X
	Date [Date of Signature]

Additional Notes:

**WORKERS COMPENSATION INSURANCE COVERAGE**


**COMMERCIAL GENERAL LIABILITY INSURANCE**


**AUTOMOBILE LIABILITY INSURANCE**


**OTHER INSURANCE COVERAGE**


Additional Carrier Information (if multiple carriers providing insurance)

Carrier Name: [Insert insurance company name]  
NAIC#: [Insert NAICS code]  
Carrier Phone Number: [Insert Office Phone Number]  
Type of Insurance: [Insert specific type of insurance]

Carrier Name: [Insert insurance company name]  
NAIC#: [Insert NAICS code]  
Carrier Phone Number: [Insert Office Phone Number]  
Type of Insurance: [Insert specific type of insurance]

Carrier Name: [Insert insurance company name]  
NAIC#: [Insert NAICS code]  
Carrier Phone Number: [Insert Office Phone Number]  
Type of Insurance: [Insert specific type of insurance]